



DEPARTMENT OF THE NAVY
BOARD FOR CORRECTION OF NAVAL RECORDS
2 NAVY ANNEX
WASHINGTON DC 20370-5100

JRE
Docket No: 4287-99
11 July 2000



Dear [REDACTED]

This is in reference to your application for correction of your naval record pursuant to the provisions of title 10 of the United States Code, section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered your application on 7 July 2000. Your allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of this Board. Documentary material considered by the Board consisted of your application, together with all material submitted in support thereof, your naval record and applicable statutes, regulations and policies. In addition, the Board considered the advisory opinion furnished by designees of the Specialty Leader for Psychiatry, dated 10 March 2000, a copy of which is attached, and the information submitted in response thereto.

After careful and conscientious consideration of the entire record, the Board found that the evidence submitted was insufficient to establish the existence of probable material error or injustice. In this connection, the Board substantially concurred with the comments contained in the advisory opinion. The Board was not persuaded that you were unfit to perform the duties of your office, grade, rank or rating by reason of physical disability at the time of your discharge from the Navy, which is a prerequisite to disability separation or retirement. The fact that the Department of Veterans Affairs (VA) has awarded you a disability rating for post traumatic stress disorder is not probative of error or injustice in your case. The VA rates conditions it classifies as "service connected". i.e., incurred in, aggravated by or traceable to a period of military service, without regard to the issue of fitness to perform military duty. In addition, the VA may assign and modify ratings throughout a veteran's lifetime, whereas ratings assigned by the military departments are fixed as of the date of separation or permanent retirement.

In view of the foregoing, your application has been denied. The names and votes of the members of the panel will be furnished upon request.

It is regretted that the circumstances of your case are such that favorable action cannot be taken. You are entitled to have the Board reconsider its decision upon submission of new and material evidence or other matter not previously considered by the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official records. Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

W. DEAN PFEIFFER
Executive Director

Enclosure

National Naval Medical Center
Department of Psychiatry
Outpatient Division
Bethesda, Maryland 20889-5600

REPORT OF BCNR EVALUATION

10 March 2000

From: CPT Robert Cardona, MC, USAR

To: CAPT William Nash, Specialty Advisor for Psychiatry, Chief BUMED, Naval Hospital,
San Diego, CA 92134-5000

Subject: APPLICATION FOR CORRECTION OF NAVAL RECORDS [REDACTED]
[REDACTED]

Ref: (a) 10 U.S.C. 1171
(b) Board for Corrections of Naval Records letter of 23 December 1999 to Specialty
Advisor for Psychiatry

Encl: (1) BCNR File
(2) Service Record
(3) VA File

1. Per your request for review of the subject's petition for a correction of her Navy records and in response to reference (b), I have thoroughly reviewed enclosures (1) through (3).
2. Review of available Navy medical records revealed:
 - a. SF513, Consultation Sheet, dated 24 January 1984, from the psychiatry service in Norfolk, VA, stated that [REDACTED] underwent a self-referred consultation for persistent anxiety symptoms after a November 1983 attempted, but failed, forced entry into her apartment. She states a police report referred to this incident as an attempted burglary, but there is no police record available for review. She interpreted this forced entry as an attempted sexual assault in the context of having been allegedly molested as a child and reportedly sexually assaulted at the age of 16. The evaluating psychiatrist noted a personality disorder with a long-standing pattern of interpersonal difficulties, identity disturbance and depressive states prior to military service with numerous specific phobias. She was deemed fit for continued duty and immediately returned back to full duty.
 - b. SF 600, Chronological Record of Medical Care Notes, dated 8 February 1984 thru 5 April 1984, record she was seen six times for psychiatric follow-up, with failed attendance at her last scheduled appointment on 5 April 1984. Symptoms consistent with the DSM IV diagnosis of post-traumatic stress disorder were recorded sufficiently. She was started on Imipramine 100mg QHS on 8 February 1984 due to persisting

personally distressing symptoms. With short-term medication treatment and supportive psychotherapy, anxiety symptoms progressively improved and resolved by 21 March 1984. This was the last appointment she attended. At no time during her treatment with psychiatry was she taken off of duty. She discontinued Imipramine on 20 March 1984, as it was recorded she didn't feel as though she needed it anymore. However, a gradual taper was recommended until complete discontinuation. Her mental status examination on 21 March 1984 was unremarkable. Her final diagnoses on 21 March 1984 included: (1) Post-traumatic stress disorder, resolved; (2) Mixed personality disorder with immature, dependent, histrionic and borderline traits; and (3) Multiple simple phobias.

- c. SF 600, Chronological Record of Medical Care Notes, show she continued to seek medical attention for herself for minor physical conditions and dental care from 23 March 1984 to 11 September 1984. There is no mention of psychiatric disability or seeking of additional psychiatric treatment.
 - d. SF 88, Report of Medical Examination, dated 19 September 1984 was completed for her hardship administrative separation and reported a normal basic psychiatric examination (Item 42). Additionally, Item 73, reports that she failed to bring her medical record for review during this final medical examination and stated she indicated she had no change in her health status since her entry examination.
3. Review of the service record revealed:
- a. [REDACTED] entered active duty service on 19 August 1982. She completed basic training in Florida and attended specialty school in Philadelphia, PA. Her performance record on 25 January 1983 ranged from 3.6 to 3.8. She was advanced to SIMA NAVSTA NORVA in Norwalk, VA for duty as a hull maintenance technician 19 February 1983 until her discharge from service. Her performance record from 29 April 1983 to 31 January 1984 ranged from 3.6 to 3.8. On 26 Sept 1984, her final evaluation was completed with a range from 3.8 to 4.0. She was not exposed to a combat environment during her service. There were no awards or disciplinary letters listed in the service record.
 - b. Military personnel microfiche records indicate she requested administrative separation by hardship as a single mother in reference to providing a more stable environment for her son, who was having significant difficulties. Approximately 10 family members and active duty friends wrote supporting letters recommending her separation for this reason. No letter discussed any perceived disabilities or personal difficulties HM3 Lemley may have been experiencing at that time, her capacity to work or ability to provide for herself or her son.
 - c. [REDACTED] was granted an Honorable administrative discharge for hardship on 26 September 1984. She was recommended for reenlistment.
4. Review of the VA file revealed:
- a. [REDACTED] did not present for further mental health treatment, until 10 July 1990, through the Delaware Department of Health and Social Services. She was diagnosed with an adjustment disorder with mixed anxiety and depressive symptoms in the setting

of occupational difficulties. She continued to receive mental health supportive services, through the Kent/Sussex Community Mental Health Center from 11 July 1990 to 19 November 1990. This included individual and group therapies, but no medication intervention. Treatment was self-discontinued.


- b. She reinitiated treatment through the same mental health service on 16 March 1983 thru 18 July 1994. She was diagnosed with Social Phobia and a Mixed Personality Disorder, again in the setting of occupational difficulties. Various forms of psychotherapy were utilized without medication intervention. She again self-discontinued treatment.
- c. Delaware Vocational Rehabilitation Services were utilized from 4 April 1995 to November 1995. A clinical psychologist performed comprehensive psychological testing on May 1995 to identify any mental health conditions needing treatment. No Axis I psychiatric pathology was identified. However, several personality deficits with impaired general social and adaptation skills were clearly identified. The diagnoses from the evaluation included Occupational Problem and Avoidant Personality Disorder. Despite assistance with vocational placement, her case was closed due to her "lack of motivation to work because [she] felt [she] was in a secure relationship with [her] boyfriend." An extensive developmental history was documented which included a very poor upbringing environment with an alcoholic father and illicit drug abusing mother, who also required inpatient psychiatric hospitalization. Additionally, all four of her siblings were reported to suffer from chronic psychiatric conditions. Most of them have required inpatient hospitalization and medication treatment.
- d. In application for Social Security Disability, a psychiatrist performed an evaluation on 16 January 1998. He specifically noted no anxiety or depressive conditions, but did detect a prominent personality disorder that has resulted in significant social maladaptation.
- e. [REDACTED] again reinitiated treatment through the Kent/Sussex Community Mental Health Center 30 January 1998 for anxiety and depressive symptoms with continued interpersonal and occupational difficulty. Her diagnoses included alcohol abuse in remission and borderline personality disorder. The evaluating psychiatrist specifically noted the lack of any Axis I diagnosis other than remised alcohol abuse. By that time, she had attempted over 30 jobs without persistent success, which included a reported 23 jobs after military service. On 4 March 1998, she was started on Paxil for worsening depressive symptoms and borderline personality disorder. Despite improvement in her depressive symptoms after a month, side effects prompted a medication change to Zoloft on 4 May 1998. She remained on Zoloft 75mg QD and was treated additionally with individual and group psychotherapies.
- f. A VA psychologist performed another psychological evaluation on 25 June 1998 in the setting of a Veteran Affairs disability application. [REDACTED] claimed a service-connected PTSD secondary to a Nov 1983 attempted sexual assault. The diagnosis from this examination included Post-traumatic Stress Disorder and Personality Disorder, Not Otherwise Specified.
- g. Rating decision, dated 17 July 1998, listing a jurisdiction of 100% temporary disability for Post-traumatic Stress Disorder with severe symptomatology. There is no subsequent treatment documentation after July 1998 included in her VA file.


5. Discussion:

- a. [REDACTED] experienced a failed attempted forced entry into her apartment on November 1983 with subsequent development of symptoms consistent with acute onset post-traumatic stress disorder. This is clearly documented in her military medical record. She sought mental health treatment in January 1984 and was diagnosed with PTSD. Treatment consisted of individual counseling and medication. After two months of treatment her symptomatology resolved and medication treatment was discontinued at the agreement of clinician and patient. She attended her last appointment with mental health on 21 March 1984 and disenrolled herself from receiving further monitoring or treatment.
- b. She was voluntarily discharged from service for single parent hardship, at her request, in September 1984. There is no available evidence to support any persisting psychiatric condition at the time of her discharge from service. Post-traumatic stress disorder can occur acutely or chronically and frequently remits within 6 months from symptom onset when in treatment, which appears to have occurred according to available evidence. About 30 percent of patients recover completely, 40 percent continue to have mild symptoms, 20 percent continue to have moderate symptoms and 10 percent remain unchanged in treatment or become worse. There is no indication of a condition unfitting of military service or a psychiatric condition of such proportion, which had impaired the service member's performance over time. Her performance evaluations remained consistent before and after the attempted forced entry. She remained on full duty throughout her treatment. She self-discontinued mental health care after remission of presenting symptoms.
- c. Evidence provided indicates she did not return to mental health services until 1990, six years following service discharge. She received intermittent treatment in 4 distinct periods over the course of 8 years. Mental health evaluations were performed by multiple providers including psychologists and psychiatrists. Throughout this 8-year period, her providers consistently noted no major Axis I psychiatric condition and attributed the majority of her interpersonal, adaptive and occupational difficulties to a prominent personality disorder that included predominantly avoidant and borderline characteristics. It should be noted the majority of her mental health care occurred through one treatment facility, which would have the advantage of longitudinal experience with her clinical condition. 1995 psychological testing conclusions were consistent with their assessments. There is no record of persistent symptoms through these treatment periods that indicate a condition consistent with chronic PTSD. Copies of clinic progress notes are included in her VA file and provide the most extensive evidence of her clinical course. The cluster of symptoms reported by HM3 Lemley in her disability statement and those found in longitudinal clinical records demonstrate significant discrepancies.
- d. During evaluation for disability by the Veterans Administration, a single evaluation was performed by a psychologist on 25 June 1998. PTSD secondary to an attempted sexual assault was diagnosed from this evaluation. Military health records two months after the Nov 1983 occurrence and even her current account of the experience indicate a failed attempted forced entry, not a sexual assault or rape. Her interpretation of what could have occurred and subsequent psychological reaction is best understood in the context of previous sexual trauma in the form of recurrent molestation and rape prior to

her military service. Her persistent interpersonal, occupational and personal difficulties are most likely due to the longitudinally identified severe personality disorder that is most consistent with her clinical records and developmental history.

6. Opinion and Recommendations: A service-connected chronic post-traumatic stress disorder cannot be substantiated. There is no evidence a medical board evaluation or proceedings were indicated at the time of service discharge. There is no evidence in the information provided to support the need of correction to [REDACTED] military record.


ROBERT A. CARDONA, MD
CPT, MC, USAR
Resident Psychiatrist


THERESA A. BELL, MD
LCDR, MC, USNR
Staff Psychiatrist